



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD  
SECRETARY

JOHN AUERBACH  
COMMISSIONER

## **Camp Professionals: What You Need to Know about H1N1 (swine flu)**

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Like other areas of the United States and the world, Massachusetts has been managing the consequences of an outbreak of novel H1N1 influenza (commonly known as swine flu). Symptoms of influenza-like illness (ILI) include fever and a cough or sore throat, and may also include a runny nose, body aches, headache, chills and fatigue. Some people also have diarrhea and vomiting. The vast majority of cases in Massachusetts have been in school-aged children, and schools throughout the Commonwealth have undertaken strategies to monitor absenteeism, identify and dismiss students who come to school ill, and to implement measures to slow the spread of novel H1N1 flu in their facilities.

This document provides interim guidance for both day and residential camp professionals on ways to reduce the spread of novel H1N1 flu in their programs and facilities. While most of the confirmed cases of H1N1 flu in Massachusetts have not required hospitalization, it is important to note that flu outbreaks evolve in unpredictable ways. It is not known at this time whether the current outbreak will decrease, remain the same or grow in the coming weeks. It is also not known whether the illness will remain at its current severity. Some severe cases may occur in people with underlying risk factors such as young children, people with chronic health conditions, pregnant women and the elderly. The Centers for Disease Control and Prevention and Massachusetts Department of Public Health (DPH) are watching closely for signs of increased severity of the novel H1N1 flu strain, and will continue to monitor trends and report on any new developments.

There is no vaccine for the current novel H1N1 flu, and seasonal flu vaccinations do not provide protection against this strain of influenza. The best protection is to take and promote the basic prevention steps contained in this guidance.

### **1. Key steps to ensure your staff and campers remain healthy.**

- **Develop a working relationship with local health officials** and plan jointly for possible contingencies during this summer camp season.
- **Provide camp attendees, staff and volunteers with materials** prior to arrival at the camp to notify them that they are not allowed to attend camp if they have had an ILI in the 7 days prior to the start of the camp. In addition, they should be reminded that if they have been exposed to a person with novel H1N1 or ILI in the 7 days prior to the start of camp, they may attend camp but should closely self-monitor and report development of ILI symptoms immediately.
- **Consider active screening** of ALL newly arriving camp attendees, staff and volunteers by asking if they have had any symptoms of ILI in the previous 7 days. Provide education to individual campers about reporting ILI. A careful health history of each arriving camper should be taken. Note any conditions that may place them at high risk for complications of influenza.
- **Promote frequent hand washing** with soap and warm water or use alcohol-based hand sanitizer.

Camps with access to facilities with warm water and soap should consider the promotion of scheduled, frequent hand washing breaks for staff and campers -- particularly prior to eating food. For camps without easy access to such facilities, consider the wide availability and access to alcohol-based hand sanitizer for staff and campers. Since children will not always avail themselves of the opportunity to wash their hands, camps should consider instituting specific hand washing breaks at multiple points through the day when everyone is *required* to wash their hands. This might include: the beginning of the day, before snack breaks, before lunch, etc.

- **Promote good “cough etiquette”.** Cover coughs and sneezes with a tissue, or practice the habit of coughing or sneezing into one’s inner elbow if tissues are not available. Individuals should wash their hands or use hand sanitizer after sneezing or coughing into a tissue.

Consider including information on hand hygiene and cough etiquette in staff and camper orientation sessions. Camps should also continue promotion of such health activities throughout the duration of camp activities.

Consider placing posters in campground buildings that reinforce prevention messages. You can download “**Fight the Flu. Stop the Spread**” posters from [www.mass.gov/dph/swineflu](http://www.mass.gov/dph/swineflu).

Coach staff and campers to recognize people who are not acting in a healthful way (e.g., coughing or sneezing in close group settings) and encourage proper hand hygiene or good cough practices. Note the places where people are in closest contact with one another (e.g., the dining room, in tents, bunk beds) and adapt the areas to maximize space. When in doubt, go for an arm’s length of distance between people.

- **Train your staff** about communicable disease prevention including specific information on how to recognize ILI and how to report possible cases of ILI to camp leadership.
- **Stay at home if sick** and keep children at home if they are sick. People with flu-like illness should stay home for 7 days, or 24 hours after their symptoms have gone away – whichever period is longer. (Flu-like illness is defined as fever, plus one or more of the following: cough, sore throat or runny nose).

Camps should consider strict policies mandating that staff stay home if they are sick. The same holds true for policies related to campers who attend day camps.

Residential camps should consider how they will care for staff and campers who become ill and who reside at camp. Attention should be paid to ensuring that these individuals receive appropriate medical attention if necessary and, if recuperating at camp, do so in a way that reduces the chance that they will spread the illness to others. Individuals with influenza-like illness should be isolated from other staff and campers for 7 days, or 24 hours after their symptoms have gone away – whichever period is longer.

**Note:** Rapid influenza tests, used in some medical offices and emergency rooms, can help in the diagnosis and management of patients with signs and symptoms of influenza. However, a negative rapid influenza test result does not mean that someone does not have H1N1 influenza. This is because the reliability of rapid tests is not yet known for H1N1 influenza. All individuals with influenza-like illness should be isolated for 7 days, or 24 hours after their symptoms have gone away – whichever period is longer.

- **Stay informed** about the latest developments of the novel H1N1 flu outbreak.

Because flu outbreaks can be unpredictable, and because the current outbreak involves a new strain of influenza for which people have little or no immunity, camps should consider assigning a staff member to follow the latest developments of the novel H1N1 flu outbreak. This monitoring can include daily review of the DPH website, [www.mass.gov/dph/swineflu](http://www.mass.gov/dph/swineflu) and the CDC’s website, [www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu).

- Excluding ill staff and campers will greatly reduce the chances of spreading the virus in your camp. However, because a person is contagious for H1N1 for about 24 hours prior to experiencing H1N1 symptoms, asking ill people to stay home will not guarantee protection.

## **2. What to do if staff or campers become ill with influenza-like illness.**

- Regular meetings between camp directors, medical staff and other appropriate professionals should occur to assess the status of camper and staff health. For comprehensive treatment guidelines, please visit: [www.mass.gov/dph/swineflu](http://www.mass.gov/dph/swineflu), and review the section titled “**For Healthcare and Public Health Professionals**”.
- Campers who develop ILI should be immediately separated from the general population and kept away from well campers until they can be safely returned home or taken for medical care, if needed, OR for at least 7 days after symptoms began or 24 hours after symptoms resolve, whichever is longer (if the child is to remain at a residential camp).
- Protocols should be in place for when medical evaluation of persons ill with ILI should be done and how monitoring will be conducted. Not all patients with suspected novel influenza (H1N1) infection need to be seen by a health care provider. Patients with severe illness and those at high risk for complications from influenza should contact their medical provider or seek medical care.
- A health care provider's note recommending a camper or staff member return to camp before the end of the full exclusion period does not supercede the public health guidance during this outbreak. Staff and campers who are still sick at 7 days after symptom onset should continue to be separated from the general population or should stay home until at least 24 hours after they have completely recovered.
- Aspirin or aspirin-containing products should not be administered to any person aged 18 years old and younger with a confirmed or suspected case of influenza virus infection, due to the risk of Reye syndrome.
- If individual rooms for persons with ILI are not feasible, consider using a large room, cabin or tent specifically for ill persons with beds at least 6 feet apart and, if possible, with temporary barriers between beds and nearby bathroom facilities separate from bathrooms used by healthy campers.

### **If a lot of people get flu-like symptoms.**

The key to this is preparedness. Figure out – now – what needs to be done and how the camp will respond:

- Know the parameters used by your local Department of Health. At what point would they want to be informed? What will they do when told?
- Consider the capacity of your camp health services and what you might do should that capacity be exceeded. Think about bringing in extra help or reassigning counselors to assist. Consider how people will be fed and the ability to handle their waste (vomit, diarrhea, etc). Think about the parameters you would use to determine that there is a problem before the situation is so significant that camp may have to close.
- Consider what supplies will be needed in order to care for ill staff and campers, and how those can be quickly obtained.

### ***Reporting of Cases and Clusters of Flu-Like Illness:***

Please report any flu cases, or clusters of flu-like illness, to your local board of health and to the state Department of Public Health (DPH) at 617-983-6800. A DPH epidemiologist can provide further guidance on diagnosis, surveillance and outbreak control.

## **3. Communications with parents.**

A key aspect in preventing and managing novel H1N1 flu in camp settings is regular communications with parents and caregivers of campers. Camps should communicate information about novel H1N1 flu and what plans are in place to prevent illness in the camp environment.

Day camps should ask parents to do a health check on their child daily. To help people recognize that they or their kids may be sick, ask parents and staff to use the Flu Symptoms Checklist (<http://tinyurl.com/flucheck>) before they come to camp.

Some parents have children who may be more susceptible to potential H1N1 flu health impacts. Ask these parents to talk with their child's physician and jointly make a decision about camp that is in the best interests of that child. For a list of the types of conditions that may put children at increased risk of complications from the flu, ask your clinical consultant to review the guidance to health care professionals at [www.mass.gov/dph/swineflu](http://www.mass.gov/dph/swineflu).

Camps should also ensure that they have updated health information on each camper, and emergency contact information that can be used if a camper becomes ill.

Also consider these questions when developing your H1N1 flu communication protocol with parents:

- Consider pre-planning with parents/guardians regarding how illnesses or health emergencies among children attending the camp will be handled. Decide how soon will parents of campers with flu-like symptoms be notified? Include logistics for transportation of ill persons for medical care or return home that limits exposures to other persons, multiple ways to contact parents/guardians, agreement for care and isolation at the camp (if applicable), and planning for additional medical evaluation or emergency care.
- Since some people may have health concerns that have not been disclosed on their health history form, will you inform your camp families and staff if H1N1 is definitively diagnosed?

#### **4. Decisions about Camp Closing.**

In order to limit the spread of swine-origin Influenza A H1N1, MDPH has recommended keeping all campers and staff with symptoms of influenza out of the general population and camp activities during their period of illness and recuperation, when those campers and staff are potentially infectious to others.

However, the Department recognizes that, on a case-by-case basis, some camps may need to consider the closure of a facility because the presence of influenza-like illness has impacted significantly the camp's ability to perform its function. Camp officials are encouraged to discuss their questions and concerns about camp closing with an epidemiologist at DPH prior to making a determination. To speak to an epidemiologist, call 617-983-6800.

#### **What else should camps consider when creating a plan for H1N1 flu?**

Because each camp is unique, plans will need to be tailored for individual locations. Get the facts on the virus by visiting [www.mass.gov/dph/swineflu](http://www.mass.gov/dph/swineflu). This will help you make informed decisions. Develop your plan from the perspective of your camp, paying particular attention to:

- The health status of your clients: for example, people coping with respiratory challenges or those who are immune-compromised have a greater H1N1 risk profile than generally healthy people.
- Your camp's ability to respond to flu-like illnesses that emerge while people are at camp.
- Your refund policy for cancellations due to health concerns.
- Your business continuance plans and/or insurance parameters.
- Your ability to train staff to help manage this challenge.

**Further questions? Please contact the DPH Division of Epidemiology and Immunization at 617-983-6800.**